

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT														
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP		IND	DEP			
1	1						51												
2		1					52												
3							53												
4							54												
5		3					55												
6		3					56												
7		1					57												
8		1					58												
9		1					59												
10		1					60												
11		1					61												
12		1					62												
13	1	1					63												
14	1						64												
15		1					65												
16		1					66												
17							67												
18							68												
19							69												
20							70												
21							71												
22		3					72												
23		3					73												
24		1					74												
25							75												
26							76												
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31	1						81												
32		1					82												
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35							85												
36							86												
37		3					87												
38		3					88												
39		1					89												
40		1					90												
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43		1					93												
44		1					94												
45		1					95												
46							96												
47							97												
48							98												
49							99												
50							100												
TOTAL IND.	└─┐		└─┐		└─┐		TOTAL IND.	└─┐		└─┐		└─┐		TOTAL IND.	└─┐		└─┐		TOTAL IND.
TOTAL DEP.	└─┐		└─┐		└─┐		TOTAL DEP.	└─┐		└─┐		└─┐		TOTAL DEP.	└─┐		└─┐		TOTAL DEP.
TOTAL CLAIMS	└─┐		└─┐		└─┐		TOTAL CLAIMS	└─┐		└─┐		└─┐		TOTAL CLAIMS	└─┐		└─┐		TOTAL CLAIMS